

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/444790

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						1	51			
102						1	52			
103						1	53			
104						4	54			
105						4	55			
106						1	56			
107						01	57			
108						1	58			
109						1	59			
110						1	60			
111						1	61			
112						5	62			
113						5	63			
114						11	64			
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43							93			
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.						4	TOTAL IND.			
TOTAL DEP.						40	TOTAL DEP.			
TOTAL CLAIMS						44	TOTAL CLAIMS			